

(5)

PRINTED: 08/29/2012
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0503	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/20/2012
NAME OF PROVIDER OR SUPPLIER FAIRPARK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 MARYVILLE, TN 37801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 000	Initial Comments Based on results of a survey for complaint #30279 conducted on August 13-20, 2012, the facility was cited a Type "A" penalty for failure to be administered in a manner to protect one Resident (#1) from Abuse, failure to maintain an effective Performance Improvement Program to to protect one Resident (#1) from sexual abuse; for failure to immediately notify the Physician of a positive finding obtained from an evidentiary sexual assault examination (Rape Kite); for failure to follow facility policy to provide social work services; for failure to follow facility policy to thoroughly investigate and implement interventions immediately and ensure policies and procedures were followed for investigating and implementing corrective interventions to ensure Resident #1 was protected from further abuse. The facility's failure placed Resident #1 and all Residents with Dementia in an environment which was detrimental to their health, safety and welfare.	N 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
N 401	1200-8-6-.04(1) Administration (1) The nursing home shall have a full-time (working at least 32 hours per week) administrator licensed in Tennessee, who shall not function as the director of nursing. Any change of administrators shall be reported in writing to the department within fifteen (15) days. The administrator shall designate in writing an individual to act in his/her absence in order to provide the nursing home with administrative direction at all times. The administrator shall assure the provision of appropriate fiscal resources and personnel required to meet the needs of the residents.	N 401	On August 23, 2012 the Corporate District Director of Clinical Operations and the Corporate State Director of Risk Management conducted training with the Administrator, Director of Nursing Service, MDS Coordinator, Director of Social Services, Business Office Manager, Activity Director, RN Case Manager, Staff Development Coordinator, Admissions Coordinator and the contract Housekeeping Services Supervisor on the corporate/facility procedures for investigating allegations of abuse. The corporate procedures addressed where PRO 52002 Responding to and Investigating an Abuse Allegation (Exhibit 28), PRO 52002-04 Conducting an Investigation (Exhibit 28a), and PRO 52002-02 Protection of Resident During An Investigation (Exhibit 28b). On August 27, 2012 the District Director of Clinical Operations conducted the same training with the Assistant Director of Nursing.(Exhibit 27) Areas addressed included, providing immediate protection to any resident involved in an alleged abuse, immediate notification of the Administrator and Director of Nursing Services, (or designated alternate manager i.e. Assistant Director of Nursing, MDS Coordinator, RN Case Manager, Director of Social Service.) and	8/30/2012	

Division of Health Care Facilities

Donna D. Hammon
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Administrator

(X6) DATE
9-6-12

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N 401	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on medical record review, interview, and observation, the facility failed to be administered in a manner to protect one Resident (#1) with Alzheimer's Disease (a common type of Dementia, in which a loss of mental ability is severe enough to interfere with normal activities of daily living) from sexual abuse; failed to ensure policies and procedures were followed for investigating and implementing corrective interventions to ensure Residents were protected from further abuse of twelve Residents reviewed.</p> <p>The facility's failure has caused sexual abuse of one Resident (#1) and has placed other Residents at risk for abuse.</p> <p>The facility's failure placed all Residents with Dementia in an environment which was detrimental to their health, safety and welfare.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on December 21, 2009, and readmitted on September 18, 2010, with diagnoses including Alzheimer's Disease, Dementia, Senile Depression, Transient Ischemic Attack (TIA- a disruption of the blood flow to the brain), and Cardiovascular Accident (Stroke).</p> <p>Medical record review of a Nursing Assessment dated April 1, 2012, revealed the Resident had severely impaired cognition. Continued review of a Nursing Assessment dated June 29, 2012,</p>	N 401	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>notification of the physician and family. The Administrator and Director of Nurses (or designated alternate) will report promptly to the facility to initiate the investigation using the "Alleged Abuse Investigation Worksheet"(Exhibit 15). The Administrator will notify the VP of Operations and The Director of Nursing will notify the District Director of Clinical Operations of the abuse allegation.</p> <p>The Administrator will call and update the VP of Operations on allegation of abuse investigations status at least every other day until investigation complete and then report their findings and conclusions. The Director of Nursing will call and update the District Director of Clinical Operations of the abuse allegation investigation at least every other day until investigation completed and then will call and report their findings and conclusions. The District Director of Clinical Operations or VP of Operations will follow-up with a facility visit within one week of reported completion to review the written investigation.</p> <p>On August 3, 2012 the facility was informed that the allegation of rape made in June by Resident # 1 was now being considered as having possibly occurred due to the results of the forensic testing. Resident #1 was</p>		

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N 401	<p>Continued From page 2</p> <p>revealed the Resident had severely impaired cognition.</p> <p>Interview with the Director of Nursing Services (DNS) on August 13, 2012, at approximately 3:45 p.m., in the Assessment Coordinator's (AC's) Office, confirmed, the Administrator was on vacation and the DNS was the "Administrator In-Charge" in the absence of the Administrator. Continued interview with the DNS confirmed, on the evening of June 16, 2012, at approximately 7:00 p.m., to 7:30 p.m., Resident #1 alleged rape. Continued interview confirmed the facility was notified on August 2, 2012, of a positive rape kit (DNA {deoxyribonucleic acid} testing or DNA profiling is a technique employed by forensic scientists to assist in the identification of individuals by their respective DNA profiles).</p> <p>Observation and interview with Resident #1 on August 13, 2012, at 1:30 p.m., in the Resident's room, revealed the Resident was in bed and the privacy curtain was pulled between the Resident and the roommate. The Resident revealed, "a while back (unable to recall the date), I came out from my bathroom and stood in my doorway (with a fork in the right hand, pointed toward the door facing the hallway)...I saw a young man outside my room in the hallway, stooped down, and tying a little boy's shoe. He stood up, saw me, and he wanted me...I turned and went into my room and he followed me...he stuck it in me...down there (pointed between the (Resident's) legs to vaginal area)...he finished, pulled it (penis) out, and cleaned it." The Resident revealed not to know what the man used for his personal hygiene upon completion of the assault, "I don't know; he had whatever it was with him." The Resident was unable to recall descriptive details or features of the man's appearance. When the surveyor</p>	N 401	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>discharged from facility on August 16, 2012. An audit was conducted by VP of Clinical Ops on August 30, 2012 of all events occurring from January 1 2012 to August 30 2012, no other events of alleged sexual abuse had occurred (Exhibit 11). An additional audit was conducted by the Staff Development Coordinator on 8/22/2012 to ensure that families and physicians had been notified of all events occurring from 6/15/2012 to 8/22/12 and no issues noted. (Exhibit 12).</p> <p>43 interviewable residents and families of 21 non interviewable residents (2 families were away on vacation and did not respond) were questioned by the Administrator, Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, Business Office Manager, Activity Director, Director of Social Services, Admissions Coordinator, Director of Medical Records, Infection Preventionist, Certified Dietary Manager, Case Manager, MDS Coordinator, and Rehab Tech (C.N.A), between August 23 and August 28, to determine; if there were any further allegations related to staff treatment, did residents feel they were treated with respect, had residents witnessed any unusual visitors, strangers or had concerns about any staff members? The</p>		

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N 401	<p>Continued From page 3</p> <p>asked if the Resident screamed, called out for help, or fought, the Resident's voice raised and quickly answered, "No. I'm an old woman...I didn't scream or anything...he's a man...what can a woman do against a man." The Resident confirmed, "...I told my (Family Members #1 and #2), what happened."</p> <p>Interview with Registered Nurse (RN) #1, in the presence of the DNS, on August 13, 2012, at 5:05 p.m., in the AC's Office, confirmed on June 16, 2012, at approximately 6:30 p.m. to 7:00 p.m., Family Member #2 called RN #1 into (Resident's) room, and alleged, "(Resident) said (Resident) had been raped last night," and asked RN #1 to check the bed for evidence. RN #1 confirmed not to touch the bed, "I did not want to contaminate potential evidence." Continued interview revealed notifications were made; and a head-to-toe examination, to include an examination of the external vaginal and peri-area was completed, with no external evidence of trauma. Continued interview revealed the on-call Physician was notified and orders were received to send the Resident to the ER (Emergency Room). RN #1 confirmed the Resident's bed linens and gown was placed in a "plastic bag" and given to the Administrator; at approximately 9:15 p.m. to 9:30 p.m., the bagged items were picked up by the police. Continued interview confirmed RN #1 "was not directed to do anything different from the norm (normal)" to protect the Resident or other Residents from sexual abuse. "No additional or new interventions were implemented to prevent re-occurrence...no doors locked, no security rounds, no staff placed at exit or entrance doors...the service door codes have always changed monthly...pavillion door (door leading to the outside courtyard) code changed sometime around the end of July or in August...I think it was</p>	N 401	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>interviews did not produce any other allegations of sexual abuse nor give potential leads for suspects. It was the understanding of the Executive Director that the facility not re-interview staff members in August at the request of the local police department. The police advised the facility that in doing so it may impede or interfere with correctly conducting the criminal investigation in order to determine and prosecute the perpetrator. The police officer indicated that this was now his investigation and he wanted to be the person to question male staff employees and procure DNA samples. The facility agreed to fully comply with the request of the local police and did so based on policy and procedure of the facility "Responding to and Investigating an Abuse Allegation"(Exhibit 3).</p> <p>The interdisciplinary team consisting of MDS coordinator, RN Case manager, Director of Social Services, Activity Director, Registered Dietician and Certified Dietary Manager identified the residents on 8/29/2012 that may be at higher risk for abuse due to dementia diagnosis, infrequent or no visitors, behavioral issues, or those who are bedfast and dependent on care. The interdisciplinary team met on 8/29 and 8/30/2012 to identify care plan goals and</p>		

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N 401	<p>Continued From page 4</p> <p>sometime in August."</p> <p>Observation of facility's physical plant (building) and interview with the Maintenance Supervisor on August 14, 2012, beginning at approximately 1:45 p.m., in the AC's Office, revealed, "I've heard rumors; someone raped someone. I heard through the rumor mill." Observation of the entrance and exit doors, and the courtyard area and continued interview confirmed the facility had three doors permitting both entrance and egress (exit)-the front door, service hall (double) doors, and the courtyard door; and three fire doors permitting egress only using a key pad code. All doors that lock-down and/or with a key pad egress, have a 15 second delayed egress system. Each Resident's room and offices have windows, which are locked, but can be unlocked from the inside for exit.</p> <p>Continued observation and interview with the Maintenance Supervisor at approximately 2:00 p.m., in the service hall, revealed a notebook containing "Vendor Sign-In Sheets." Continued observation of the sign-in sheets confirmed the first entry and signature was dated August 7, 2012. Continued observation confirmed two food vendors did not complete the signature portion of the sign-in sheet on August 9, 2012, and August 13, 2012; further observation confirmed one vendor did not complete the following sections of the sign-in sheet dated August 14, 2012: Job Description, Location, Contact Maintenance Director Yes/No, and/or Signature. The Maintenance Supervisor confirmed the sign-in sheets were implemented on August 7, 2012, and the facility failed to obtain the vendors signatures and/or complete information on the sign-in sheets on August 9, 13, and 14, 2012.</p>	N 401	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>interventions to assist in the prevention of abuse. This increased focus on residents who may be at higher risk for abuse has been communicated to the Certified Nursing Assistant staff via their assignment sheet and by placing a copy of the resident care plan for higher risk of potential abuse "Social Isolation" in the C.N.A flow sheet book. Licensed nurses have a copy of the resident care plan for higher risk of potential abuse, "Social Isolation, with the resident's Medication Administration Record. The Activity Director and Director of Social Service conducted a Resident Council meeting on 8/29/2012 to discuss any security concerns of the residents. During this meeting the residents indicated to the Administrator that they felt safe here (Exhibit 33).</p> <p>The corporate Human Resource department is obtaining updated background checks on all male employees on 8/30/2012 to identify any current issues. The background checks are expected to be available Tuesday or Wednesday 9/4/12 or 9/5/12.</p> <p>A security assessment was completed on 8/30/2012 by a police officer of the City of Maryville. The officer conducted a tour of the facility as well as the grounds of the facility. A verbal recommendation from the</p>	

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N 401	<p>Continued From page 5</p> <p>Continued observation and interview with the Maintenance Supervisor at approximately 2:15 p.m., outside in the courtyard, confirmed a wooden fence approximately five to five and one-half feet enclosed the courtyard. The fence included one service gate. Observation of the service gate confirmed the gate had a padlock, hasp, and staple. Continued observation confirmed the hasp was unlatched from the staple, and the padlock was hanging unlocked in the staple. Observation confirmed no staff were present in the courtyard or adjacent the outside of the service gate. The Maintenance Supervisor confirmed the service gate was unlocked and unattended, and the facility failed to ensure the courtyard was secure.</p> <p>Continued interview with the Maintenance Supervisor on August 14, 2012, at approximately 2:30 p.m., after completing an observation of the facility, confirmed the following:</p> <p>1) No changes have been made to the front door system. The front door is not locked during the hours of 5:45 a.m. to 6:00 p.m.</p> <p>2) On August 7, 2012, changes were made to lock-down the service hall (double) doors beginning at 5:00 p.m. until 5:45 a.m., and a Vendor Sign-In Sheet was implemented, requiring vendors to sign-in upon entering the building. Prior to August 7, 2012, the lock-down time was from 7:30 p.m. until 5:45 a.m.</p> <p>3) No changes have been made to the courtyard door system.</p> <p>4) A camera that records surveillance was installed in the front lobby on August 10, 2012. This camera is positioned toward the front door to</p>	N 401	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>officer was for the facility to hire a security guard around the clock to better ensure that visitors were signing in appropriately and provide additional security. The center has obtained security personnel through the Blount County Sheriff Department starting 8/30/12 until a replacement security contract is obtained. The facility will re convene the Performance Improvement security workgroup at that time to evaluate the recommendations and present them to the Performance Improvement Committee for review and action. The members of the Security Workgroup are: Maintenance Director, Administrator, Director of Nursing, Activity Director, Staff Development Coordinator, Housekeeping Supervisor and Patient Relations Coordinator</p> <p>Systematic Changes to the Handling of Abuse Reporting and Investigations:</p> <p>Facility policies and procedures were reviewed by the Administrator, Director of Nursing and District Director Clinical Operations on 8/30/12. Two minor changes were made to the written policy and procedures. On 8/21/12 an Addendum to Facility's Abuse Prohibition Policy and</p>		

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N 401	<p>Continued From page 6</p> <p>record video surveillance of the front lobby, from the Receptionist's window to the front door.</p> <p>5) Wooden dowels were place in the threshold of each Resident's window on August 14, 2012, at approximately 5:00 p.m. The dowels measured 32 inches long, and the window thresholds measure 35 inches wide. The dowels were laid in the thresholds, unsecured, and could be easily picked-up and/or removed.</p> <p>Interview with the DNS, and in the presence of the Corporate Director of Clinical Services, on August 14, 2012, at approximately 4:30 p.m., in the Administrator's Office, confirmed, "We found out the rape kit test was positive on August 2, 2012, between 5:00 p.m. to 6:00 p.m. The ED (Executive Director; Administrator) and I were together when the Detective called and informed us of the positive results." The Corporate Director of Clinical Services confirmed, "We felt our day-to-day procedures were enough. It wasn't until we received the news from the police department of the positive rape kit that we found out our procedures and security wasn't enough."</p> <p>A second interview with the Maintenance Supervisor on August 14, 2012, at 5:20 p.m., in the AC's Office confirmed, the Maintenance Supervisor "was not instructed by anyone to make any changes in the security or to enhance the security in this facility until August 6, 2012...on August 6, 2012, we had a security meeting and discussed changes...we didn't implement any security changes until August 7, 2012..."</p> <p>Interview with the Staff Development Coordinator (SDC) on August 14, 2012, at 6:05 p.m., in the SDC's Office confirmed, "The abuse in-services done on July 30, 2012; July 31, 2012; and August</p>	N 401	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Procedures was made to clarify the term visitors to include both family/friends as well as other professional consultants or visitors such as but not limited to: Paramedics, EMT's, Radiological Techs, laboratory techs, Physicians, Nurse Practitioners, clergy, attorneys, and legal representatives (Exhibit 31). On 8/30/2012 "Notification" # 603-10, (Exhibit #8), was amended to added that physicians will be notified for lab test results or other test results returned from another laboratory or healthcare site that the resident was seen. The Administrator conducted in-services for facility staff on definitions of abuse, recognizing signs of possible abuse, protection of resident, Elder Abuse Act. These in-services were conducted beginning on 7/30/12, 7/31/12, 8/9/12, 8/22/12 and 8/24/12 for facility staff and 93 staff have received the in-service and 6 staff remain who will not be allowed to return to work until receiving the same in-service (Exhibit 13 & 14).</p> <p>The comprehensive practice for alleged abuse events will include documentation of the investigation on the "Alleged Abuse Investigation Worksheet" (Exhibit 15). This worksheet identifies details of the incident, lists all possible witnesses, documents</p>		

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N 401	<p>Continued From page 7</p> <p>9, 2012 were conducted to 'catch up' any not done in January 2012, and to review based on the June 16, 2012 allegation of rape; but 100 percent of the staff were not in-serviced based on the allegation of rape." "...I know that Resident (#1)...if the rape had occurred, the facility would have known it. There was no need to make any changes in the facility's policies, systems, or security measures; the facility was doing all it needed to do..."</p> <p>Interview with Dietary Aide (DA) #1 (male) on August 15, 2012, at 10:45 a.m., in the SDC's Office confirmed, DA #1 worked on June 13, 14, and 16, 2012. Continued interview confirmed DA #1 was not interviewed by anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. DA #1 denied sexually assaulting Resident #1.</p> <p>Interview with DA #2 (male) on August 15, 2012, at 10:50 a.m., in the SDC's Office confirmed, DA #2 worked on June 15, and 16, 2012. Continued interview confirmed DA #2 was not interviewed by anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. DA #2 denied sexually assaulting Resident #1.</p> <p>Interview with RN #4 (male) on August 15, 2012, at 10:55 a.m., in the SDC's Office confirmed, RN #4 worked on June 15, 2012, on the 2:00 p.m. to 10:00 p.m., shift. Continued interview confirmed RN #4 received a call from the DNS on June 18, 2012, to "give me a heads up" that I would be questioned about an allegation of Resident #1 being raped. The DNS asked me if I observed anything strange or unusual...I was not questioned personally about committing any sexual abuse...the DNS did not ask me if I did it." RN #4 denied sexually assaulting Resident #1.</p>	N 401	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>witness interviews, and identifies actions taken to prevent resident from a re-occurrence. Upon notification of an alleged abuse, the licensed nurse immediately ensures the safety of the resident and contacts the Administrator and Director of Nurses who will return to the center to conduct the investigation and utilize this worksheet. In the event that the Administrator or Director of Nursing are not available to conduct the investigation immediately the back up investigators will include the Assistant Director of Nurses, the RN Case Manager, MDS coordinator and/or the Director of Social Services. The District Director Clinical Operations conducted an in service on 8/23/12 to the above listed potential investigators on proper completion of this worksheet.</p> <p>On August 6 the facility convened a Performance Improvement Security Workgroup meeting. The members of the Security Workgroup are: Maintenance Director (Plant Ops Manager), Administrator, Director of Nursing, Activity Director, Staff Development Coordinator, Housekeeping Supervisor and Customer Service Coordinator. At this meeting a discussion of enhanced security measures that should be put in place were identified.</p>		

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NAME OF PROVIDER OR SUPPLIER FAIRPARK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 MARYVILLE, TN 37801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 401	<p>Continued From page 8</p> <p>Interview with the AC, (male) on August 15, 2012, at 11:05 a.m., in the SDC's Office, confirmed the AC worked from 9:00 a.m., to 5:30 p.m., usually Monday through Friday. Continued interview confirmed the AC was not interviewed by anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. The AC denied sexually assaulting Resident #1.</p> <p>Interview with the Maintenance Supervisor, (male) on August 15, 2012, at 11:15 a.m., in the SDC's Office, confirmed the Maintenance Supervisor worked from 6:00 a.m. to 2:30 p.m., usually Monday through Friday, and as needed for maintenance problems or repairs after hours. Continued interview confirmed the Maintenance Supervisor was not interviewed by anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. The Maintenance Supervisor denied sexually assaulting Resident #1.</p> <p>Interview with the DNS on August 15, 2012, at 1:30 p.m., in the SDC's Office confirmed, other than Resident #1 and (Resident's) Family Members, no Residents or visitors were interviewed based on the June 16, 2012, allegation of rape; confirmed no male staff other than RN #4 was interviewed, "The ED and I did not feel it was necessary to interview male staff that was not scheduled on June 15, or 16, 2012." The DNS confirmed the following:</p> <p>August 6, 2012, a security meeting was held to discuss security changes;</p> <p>August 7, 2012, lock-down times were changed on the front and service hall doors; and the DNS stated was unaware a Vendor Sign-In Sheet had</p>	N 401	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>The lock codes were changed August 27, 2012 for the main entrance, the vendor/service entrance and the court yard entrance. Exit codes were also changed and are different than entrance codes. Door codes will be changed every 30 days or more frequently if the code is compromised. The court yard gate will remain locked at all times unless under direct observation i.e., opened to bring in or remove materials such as lawn care equipment, yard debris, etc. The maintenance director or maintenance assistant will be responsible to unlock/lock and monitor gate during this type of activity. The key is secured in the maintenance office. Only Maintenance and Administrator have access to the key. The service door, which is for staff and vendor access only, is locked 24 hours a day/7 days a week. Staff may use access code to exit and enter. Vendors/delivery personnel must ring bell and have staff open the door, the staff that opens the door is responsible to have vendor sign-in and sign out upon completion. The vendor sign in sheet is located at the delivery entrance. (Exhibit 16 & 17). The Administrator, Maintenance Director, (Plant Ops Manager), Director of Nursing, Business Office Manager, Asst. Director of Nursing or assigned week-end duty manager will monitor the vendor logs daily to ensure</p>		

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N 401	<p>Continued From page 9</p> <p>been implemented.</p> <p>August 10, 2012, a surveillance camera was installed in the front lobby.</p> <p>Continued interview with the DNS confirmed, "We had to sit and think...what do we need to do...we had to have a plan...we did not have the ability to immediately procure (obtain) any equipment between August 2, 2012, and August 6, 2012...The nursing department did not have staff available to place in key positions, such as at entrance and exit of doors to ensure security, without pulling from patient care; or to do rounds such as every fifteen minutes...I feel like we did everything that we knew to do."</p> <p>Interview by telephone with the Resident's Family Member #2 on August 15, 2012, at 3:10 p.m., revealed, "(Resident) told me 'I've been raped' and I reported it to (RN #1)...was taken to the ER...the nurse that did the rape kit told me that (Resident's) vagina was awful red..." Family Member #2 revealed the police called Family Member #2, and said, "I've got bad news for you...your (Resident) was raped and I've got his (perpetrator's) DNA. Continued interview revealed, "The facility didn't do anything when it was reported...I asked (Administrator) why there were no security measures, no cameras... (Administrator) said security cameras are not required...They had (Resident) in the bed by the window and kept the privacy curtain pulled and closed off from everybody. I went to (Administrator) and requested (Resident) to be moved next to the door...now (Resident's roommate) is beside the window with the curtain pulled most of the time...(Resident's roommate) can't defend...self or tell you if is raped...I'm trying to get (Resident) placed in another facility..."</p>	N 401	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>that vendors are signing in and out. (Exhibit 18). Windows and screens were checked from the exterior on Aug 16, 2012 and found to be secure by the maintenance director. To make resident room windows so that they cannot be opened from the outside by an "intruder, wood dowels were placed in the inside slides track to prevent the windows opening greater than 6 inches on August 14, 2012 (Exhibit 19). The facility has purchased windows locks for the resident room windows and is awaiting approval from the State of Tennessee, Dept. of Health, and Health Care Facilities Engineering for installation, expected response by 9/04/2012. All non- resident room windows are currently secured by an inside lock. The maintenance director, maintenance assistant, assigned week-end duty manager are checking the resident room windows daily to validate the current safety device is in place (Exhibit 20).</p> <p>Currently there are 3 camera's attached to a motion detector that records when there is movement detected. The cameras visualize the front entrance (installation 8/10/12), the vendor entrance (installation began on 8/30 and completed on 8/31/2012 , and the employee locker room (installed in 2010). This recording will provide the facility with</p>		

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N 401	<p>Continued From page 10</p> <p>Interview with Physical Therapist (PT), (male) on August 15, 2012, at 3:25 p.m., in the SDC's Office confirmed, the PT was hired in 2007, and works as needed, PRN. Continued interview confirmed the PT was not interviewed by anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. The PT denied sexually assaulting Resident #1.</p> <p>Interview with HK (Housekeeper) #1 (male) on August 15, 2012, at 3:35 p.m., in the SDC's Office confirmed, HK #1 worked on June 13, 15, and 16, 2012. Continued interview confirmed HK #1 was not interviewed by anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. HK #1 denied sexually assaulting Resident #1.</p> <p>Interview with HK #2 (male) on August 15, 2012, at 3:35 p.m., in the SDC's Office confirmed, HK #2 worked on June 13, 14, 15, and 16, 2012. Continued interview confirmed HK #2 was not interviewed by anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. HK #2 denied sexually assaulting Resident #1.</p> <p>Interview with HK #3 (male) on August 17, 2012, at 1:45 p.m., in the SDC's Office confirmed, HK #3 worked on June 15, 2012. Continued interview confirmed HK #3 was not interviewed by anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. HK #3 denied sexually assaulting Resident #1.</p> <p>Interview with the Administrator on August 17, 2012, at 5:10 p.m., in the SDC's Office confirmed Resident #1 alleged on June 16, 2012, to have been raped on June 15, 2012, and was sent to the ER, and a rape kit was collected. The</p>	N 401	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>evidence to review if there are any events such as employee theft, or other events that occurred, its intent is not to use as real time monitoring but provide a retrospective review. This is another mechanism for monitoring the compliance of the visitor and vendor sign in procedure. Results of daily review of the recordings will be reported in the weekday morning meeting. (Exhibits 23 & 24). At the present time it is reviewed daily by the maintenance director (Plant Ops Manager) or the Administrator, Director of Nursing, Assistant Director of Nursing, Business Office Manager, 3 Business Office Assistants, Activity Director, Activity Assistant, Director of Social Services, Director of Admissions, Director of Medical Records and Data Entry Clerk. It is possible to watch the camera real time if circumstances warrant. (Exhibit 21). The front entrance is locked down beginning at 6 pm. Visitors must ring the bell and security personnel or staff respond to allow visitors to enter and exit the facility. A "visitor's log" placed at the receptionist area is monitored by the security guard to ensure that visitors sign in and out. (Exhibit 22). The Administrator conducted in-services for staff on the facility's updated security measures on August 18, 19, 21, 23, 24, and 28, 2012, and 92 employees have received</p>		

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N 401	Continued From page 11 Administrator revealed to be in the facility for approximately four hours on June 16, 2012, after notification of the allegation, "I saw nothing unusual, or nobody unusual, nobody that didn't belong... I called (Resident's) Family Member #3, who revealed (Resident) had never said anything like this in the past (sexual abuse)...We did nothing different upon (Resident's) return (from the ER)..." The Administrator revealed, "On June 17, 2012, the police called (Administrator) and informed "...rape kit had been done...and would not have the final results...for a few weeks..." The Administrator confirmed the police did not say the Resident had not been raped, "...No, (police) couldn't do that...didn't have all the evidence to confirm the Resident wasn't raped and did say it would take several weeks to get the evidence from the rape kit." The Administrator confirmed the facility had one page of the sexual assault forensic report completed by the SANE Nurse on June 16, 2012, and attached to the hospital ER records; but did not request a copy of the report. The Administrator stated (Resident's) (Family Member #2) was at the hospital with (Resident) and "told me the Nurse said (Resident) was a little red (vaginally)." Continued interview confirmed, "During the month of May or June, 2021, another Resident was not doing well and had lots of family visiting, to include several sons...we thought...(Resident #1), saw a lot of men during that time, and with (Resident's) Dementia, maybe it was a dream or something from (Resident's) past...We don't know what happened...no professional entity or staff, (hospital, Physician), told the facility the rape did not occur...I contacted (facility's) Director of Operations and Director of Clinical Services and ask them to make sure I don't miss anything." "The (Police) notified me on August 2, 2012, of the positive rape kit." The Administrator stated	N 401	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>the in-service and 7 remain (Exhibit 25 & 26). Employees on leave of absence, vacation, etc. upon return will receive the same in-service on prevention measures by their department head or designee, prior to reporting to their job area. On August 23, 2012 the District Director of Clinical Operations conducted additional in-service training with Administrator, Director of Nursing, Case Manager, MDS Coordinator, Housekeeping/Laundry Supervisor, Activity Director, Social Worker and Asst. Director of Nursing on "Conducting an Investigation on an Allegation of Abuse" (Exhibit 28) which included, but was not limited to, immediacy of investigation, notifications, interviewing alleged victim, alleged perpetrator, interviewing witnesses including staff, residents, family members, etc.(Exhibit 27)</p> <p>The maintenance director, Administrator, Business Office Manager or assigned weekend duty managers will be responsible to view the video taping of the front lobby, the employee locker room and the vendor entrance and report any concerns to the facility administrator daily. Any staff member not in compliance with enhanced security measures will be disciplined as appropriate. New hires will receive facility</p>		

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N 401	Continued From page 12 "On August 16, 2012, a Sign-In book was placed on a table in the front lobby...signing in was on a voluntary basis, with no facility oversight "I'm not as concerned with people signing in during the day, as I am at night..." and "On August 6, 2012, Church groups were directed not to assist Residents back to their rooms from the dining room, after Church services...this has not been monitored..." Continued interview with the Administrator confirmed, "We did not implement interventions to address or enhance security based on the June 16, 2012, rape allegation; and we didn't begin to implement security interventions until August 7, 2012, based on the positive rape kit reported to us on August 2, 2012." Continued interview with the Administrator confirmed, "We have had a serious event. We thought we had good things in place." The Administrator confirmed the facility failed to implement security changes in a timely manner to protect the Residents. Interview with the Maintenance Supervisor on August 20, 2012, at 1:05 p.m., revealed, "I watched 24-hours worth of surveillance video data from the front lobby when I was here on Sunday (August 19, 2012)...it took approximately 10 minutes to view 24-hours, by fast-forwarding." Continued interview and observation in an outside maintenance room confirmed the surveyor requested to see the recorder and random surveillance footage. At approximately 1:27 p.m., the surveyor requested the Maintenance Supervisor to run surveillance footage at the fastest fast forward speed of x 16 (sixteen times faster than regular speed). The surveillance footage was stopped at 1:37 (10 minutes). Only one-hour of surveillance footage had lapsed in the 10 minute fast-forward period, and did not enable the viewer to clearly see the activity on the	N 401	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>orientation to the centers enhanced security measures.</p> <p>The Facility's Performance Improvement Committee (Administrator, Director of Nursing, Medical Director, Asst. Director of Nursing, Staff Development Coordinator, Business Office Manager, RN Case Manager, MDS Coordinator, Activity Director, Director of Social Services, Certified Dietary Manager, Plant Ops Manager, Admissions Coordinator) met on August 21, 2012 to address issues of security (Exhibit 9 & 10). Updates to the security measures will be provided, effectiveness of measures will be reviewed and further recommendations made as needed. The Administrator/Director of Nursing/Staff Development Coordinator will track and trend events such as injury of unknown origin, information from resident/family interviews and allegation of abuse investigations, if any, to monitor and evaluate facility's abuse prevention program. The Director of Nursing will continue to present to the Facility Performance Improvement Committee (Administrator, Director of Nursing, Medical Director, Asst. Director of Nursing, Staff Development Coordinator, Business Office Manager, RN Case Manager, MDS Coordinator, Activity</p>		

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			N401	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Director, Director of Social Services, Certified Dietary Manager, Plant Ops Manager, Admissions Coordinator) at its monthly meeting any/all investigations of allegations of abuse that includes a review of compliance with the facility's P&P on Abuse Prevention & Investigation for review, discussion and recommendations, if indicated.</p>	

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N 401	Continued From page 13 surveillance footage. The Maintenance supervisor confirmed 24-hours of surveillance footage was not reviewed on August 19, 2012, as stated in the interview. A second interview with the Administrator on August 20, 2012, at 8:00 p.m., in the SDC's Office confirmed, "...Resident #1's particular case, was felt to be fabricated..." C/O 30279	N 401	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
(2) N 601	1200-8-6-.06(1)(a) Basic Services (1) Performance Improvement. (a) The nursing home must ensure that there is an effective, facility-wide performance improvement program to evaluate resident care and performance of the organization. This Rule is not met as evidenced by: Based on medical record review, review of the facility investigation, review of facility training program, review of facility policy, review of payroll hours, review of an interview schedule, review of a sexual assault forensic report, observation, interview, and review of video surveillance, the facility's Performance Improvement (PI) Committee failed to maintain an effective PI program to protect one Resident (#1) with Alzheimer's Disease (a common type of Dementia, in which a loss of mental ability is severe enough to interfere with normal activities of daily living) from sexual abuse; failed to ensure policies and procedures were followed for investigating and implementing corrective interventions to ensure Residents were protected from further abuse of twelve Residents reviewed.	N 601	N 601 The Administrator, the Director of Nursing, and a nurse consultant met on 8/21/2012 to review several of the Facility policies and procedures that were the subject of the deficiencies cited during the August 20, 2012 survey. Those policies included the policy governing physician notification, the policy governing use of the 24-Hour Report, the Procedure for test results, and the abuse policy, abuse prevention, conducting an investigation protection of a resident during an investigation responding and investigating an abuse allegation, reporting reasonable suspicion of a crime. Two minor changes were made to the written policy and procedures. On 8/21/12 an Addendum to Facility's Abuse Prohibition Policy and Procedures was made to clarify the term visitors to include both family/friends as well as other professional consultants or visitors such as but not limited to: Paramedics, E.M.T.'s, Radiological Techs, laboratory techs, Physicians, Nurse Practitioners, clergy, attorneys, and legal representatives.(Exhibit 31) On 8/30/2012 policy on "Notification" # 603-10, (Exhibit #8) was amended to add that physicians will be notified for lab test results or other test results returned from another laboratory or healthcare site that the resident was seen.	8/12/2012	

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N 601	<p>Continued From page 14</p> <p>The facility's failure has caused sexual abuse of one Resident (#1) and has placed other Residents at risk for abuse.</p> <p>The facility's failure placed all Residents with Dementia in an environment which was detrimental to their health, safety, and welfare.</p> <p>The findings included:</p> <p>Interview with the Administrator on August 20, 2012, at 8:00 p.m., in the Staff Development Coordinator's Office confirmed the Administrator was the Performance Improvement Coordinator and the last meeting was held on July 16, 2012; the August PI meeting had not been held thus far. Continued interview confirmed Resident #1's allegation of rape was not properly reviewed by PI because in that particular case, it was felt to be fabricated. The Administrator confirmed the allegation of rape was not reported to the PI Committee for a plan. Further interview confirmed the facility has not done tracking and trending for patterns, "we don't have a lot (abuse)...not enough to track and trend for patterns. Continued interview confirmed, "Bruises and skin tears are 'watched'...if they go up in number, they will be trended for a pattern." When the surveyor asked the Administrator what the threshold number, or trigger number to initiate trending for patterns, the Administrator confirmed, "I don't know...an increase from what we usually have..." The Administrator did not confirm a number.</p> <p>C/O #30279</p>	N 601	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>The Administrator conducted in-services for facility staff on definitions of abuse, recognizing signs of possible abuse, protection of resident, Elder Abuse Act. These in-services were conducted beginning on 7/30/12, 7/31/12, 8/9/12, 8/22/12 and 8/24/12 for facility staff and 93 staff have received the in-service and 6 staff remain who will not be allowed to return to work until receiving the same in service (Exhibit 13 & 14).</p> <p>On August 6 the facility convened a Performance Improvement Security Workgroup meeting. The members of the Security Workgroup are: Maintenance Director (Plant Ops Manager), Administrator, Director of Nursing, Activity Director, Staff Development Coordinator, Housekeeping Supervisor and Customer Service (Patient Relations) Coordinator. At this meeting a discussion of enhanced security measures that should be put in place were identified. New hires will receive facility orientation to the centers enhanced security measures.</p> <p>On 8/21/2012 the Performance Improvement Committee (Administrator, Director of Nursing, Medical Director, Asst. Director of Nursing, Staff Development Coordinator,</p>		
(3) N 669	1200-8-6-.06(4)(c)4. Basic Services	N 669			

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		N601	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Business Office Manager, RN Case Manager, MDS Coordinator, Activity Director, Director of Social Services, CDM, Plant Ops Manager, Admissions Coordinator) again convened to delegate responsibility for development of corrective action to appropriate members of the Facility's management staff. During this meeting the Committee discussed and reviewed several of the policies and procedures, including physician notification, use of the 24-Hour Report, and the procedures for test results. The Medical Director provided clinical input regarding these policies at that time. The Committee also discussed the status of the action plans for each deficiency.</p> <p>The Performance Improvement Committee (Administrator, Director of Nursing, Medical Director, Asst. Director of Nursing, Staff Development Coordinator, Business Office Manager, RN Case Manager, MDS Coordinator, Activity Director, Director of Social Services, Certified Dietary Manager, Plant Ops Manager, Admissions Coordinator) agreed, in the interim, to meet weekly to monitor progress with the corrective action plan. These weekly meetings will continue until the survey team has determined that immediate jeopardy has been removed</p>		

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NAME OF PROVIDER OR SUPPLIER FAIRPARK HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 307 N FIFTH ST BOX 5477 MARYVILLE, TN 37801			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
			<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>		
		N601	<p>The Performance Improvement Committee (Administrator, Director of Nursing, Medical Director, Asst. Director of Nursing, Staff Development Coordinator, Business Office Manager, RN Case Manager, MDS Coordinator, Activity Director, Director of Social Services, Certified Dietary Manager, Plant Ops Manager, Admissions Coordinator,) agreed to meet on a monthly basis thereafter to discuss the Facility's progress and to assure that the Facility remains in substantial compliance with all of the Requirements of Participation. The Committee members, including the Medical Director, agree to make themselves available if the need to meet more frequently arises.</p> <p>The Committee has agreed that those individuals who are responsible for overseeing the corrective action implemented in response to the August 20, 2012 Statement of Deficiencies will present summaries of their monitoring efforts during each meeting until the facility has achieved substantial compliance. A member of the Performance Improvement Committee will be responsible to take minutes of each meeting and distribute the minutes to all members prior to the next monthly meeting.</p>		

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		N601	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>The Committee has agreed periodically to review in-service training agendas and orientation training packages to assure that the material provided is consistent with current regulatory requirements and with the Facility's current policies and procedures.</p> <p>The Committee has agreed to evaluate its effectiveness every six months.</p>		

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N 669	<p>Continued From page 15</p> <p>(4) Nursing Services.</p> <p>(c) The Director of Nursing shall have the following responsibilities:</p> <p>4. Notify the resident 's physician when medically indicated.</p> <p>This Rule is not met as evidenced by: Based on medical record review, review of the facility investigation, review of a sexual assault forensic report, observation, and interview, the facility failed to immediately notify the Physician of a positive finding reported to the facility on August 2, 2012, from a sexual assault forensic report obtained after an alleged rape on June 16, 2012, for one Resident (#1) of twelve Residents reviewed.</p> <p>The facility's failure to notify the Physician immediately prevented the Physician from being able to speak with the Resident and/or the Resident's Family about treatment or potential treatment for sexually transmitted diseases (STDs) that may have been transmitted during the assault, for one Resident (#1) of twelve Residents reviewed, placing Resident #1 in an environment which was detrimental to their health, safety, and welfare.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on December 21, 2009, and readmitted on September 18, 2010, with diagnoses including Alzheimer's Disease, Dementia, Senile Depression, Transient Ischemic Attack (TIA- a disruption of the blood flow to the brain), and</p>	N 669	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>N669</p> <p>The facility using systems in place responded regarding notification and response to alleged abuse as evidenced by: Immediately after Resident #1 communicated the allegation of rape on June 16 the facility notified the physician. The physician ordered the resident to be sent to the emergency room at the local acute care hospital, which was done.</p> <p>On August 16, 2012 the covering physician for the resident's attending physician, who was on vacation, was contacted and requested to write orders for the following lab tests, HIV, Hepatitis ABC screen, and RPR. Those tests (HIV, Hepatitis ABC screen, RPR) were obtained and the results returned negative for any sexual transmitted diseases. The resident's physician was on vacation from August 11 and returned on August 19. Resident #1 attending physician was notified by the Administrator on August 19, 2012 of the test results of the "sexual assault forensic evidence (SAFE) kit" conducted at the hospital.</p> <p>Resident #1 was discharged from facility on August 16, 2012.</p> <p>The MDS Coordinator and the Unit</p>	8/30/2012.	

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N 669	<p>Continued From page 16</p> <p>Cardiovascular Accident (Stroke).</p> <p>Medical record review of a Nursing Assessment dated April 1, 2012, revealed the Resident with severely impaired cognition. Continued review of a Nursing Assessment dated June 29, 2012, revealed the Resident with severely impaired cognition.</p> <p>Review of a facility investigation dated June 16, 2012, at 7:00 p.m., completed by Registered Nurse (RN) #1, revealed on June 16, 2012, Family Member #2 (of the Resident) reported to RN #1 the Resident "had been raped last night" (June 15, 2012). Continued review revealed RN #1 and Licensed Practical Nurse (LPN) #1 completed a physical exam, and documented no physical trauma, bruises, or tearing. Further review revealed the on-call Physician, Administrator, and Director of Nursing Services (DNS) were notified at 7:15 p.m., and Physician orders were received to transfer the Resident to the Emergency Room (ER) to be evaluated and a Rape Kit to be completed.</p> <p>Review of the facility investigation and a hand-written statement of an interview with Resident #1, dated June 16, 2012, at 7:25 p.m., signed by LPN #1 and RN #1 revealed, "A man came into room last night. He was good looking; can't remember the exact time; dark hair, blue eyes, no facial hair. (Resident) came out of (Resident's) bathroom and he (man) was stooped down to tie little boy's shoes and he saw (Resident's) feet and followed (Resident) into (Resident's) room and they got on (Resident's) bed. 'He stuck it in.'"</p> <p>Review of a Sexual Assault Forensic Report, completed by the Sexual Assault Nurse Examiner</p>	N 669	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Secretary, under the direction of the Director of Nursing, conducted an audit on all diagnostic tests ordered for current in-house residents, the audit was conducted from 8/21 to 8/24 and included 212 diagnostic tests completed since June 15, 2012. The audit was performed to validate that the physician had been notified in a timely manner as per regulations and facility policy. The facility found that all lab tests had been reported timely to physicians (Exhibit 4). An additional audit was conducted by the Staff Development Co-coordinator on 8/23/2012 to ensure that families and physicians had been notified of all events occurring from 6/15/2012 to 8/22/12 and no issues noted.(Exhibit 12).</p> <p>As of August 27, 2012 all licensed nurses employed by the facility, which included 15 RNs and 8 LPNs, received in-service education on Guidelines for Physician Notification of Change in Condition, physician notification for lab results or Vital signs-- including but not limited to diagnostic tests, resident events, and resident significant change in condition. The in services were presented by the District Director of Clinical Operations (Exhibit 5, 6, 32). The Facility does maintain a diagnostic test log which has been modified to include: additional physician notification</p>		

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N 669	<p>Continued From page 17</p> <p>(SANE), dated June 16, 2012, revealed a Sexual Assault Kit was collected (for evidence) on June 16, 2012, at 11:00 p.m., to include buccal (inner cheek, inside the mouth) swabs; pubic hair combing; external vaginal swabs; and perineal swabs. The SANE nurse documented the Resident alleged successful penetration of the vagina, by one assailant, by force. Continued review revealed, "...when Resident came out (of bathroom), he (white...man)...tying little boy shoe...followed me back to my room and "took it" and (Resident) reported that it hurt in...vaginal area when I tried to insert swabs...(Resident) was dark pink to red in external vaginal area." Continued review revealed a diagram of the external vagina, with two arrows, one drawn on each side of the opening of the vagina, and documented, "Complaint of pain to touch...redness."</p> <p>Observation and interview with Resident #1 on August 13, 2012, at 1:30 p.m., in the Resident's room, revealed the Resident was in bed and the privacy curtain was pulled between the Resident and the roommate. The Resident revealed, "a while back (unable to recall the date), I came out from my bathroom and stood in my doorway (with a fork in the right hand, pointed toward the door facing the hallway)...I saw a young man outside my room in the hallway, stooped down, and tying a little boy's shoe. He stood up, saw me, and he wanted me...I turned and went into my room and he followed me...he stuck it in me...down there (pointed between the (Resident's) legs to vaginal area)...he finished, pulled it (penis) out, and cleaned it." The Resident revealed not to know what the man used for his personal hygiene upon completion of the assault, "I don't know; he had whatever it was with him." The Resident was unable to recall descriptive details or features of</p>	N 669	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>information, physician ordered treatment changes, and family notification of changes (Exhibit 7). Monday through Friday morning clinical rounds are conducted by the Director of Nurses, Assistant Director of Nursing, or Staff Development Coordinator. The 24hr nursing report, new physician orders and diagnostic log will be reviewed to validate as completeness and to ensure that all diagnostic test results received by facility were been reported to the attending physician as per regulations and facility policy. Facility policies and procedures were reviewed by the Administrator, Director of Nursing Service and District Director Clinical Operations, on 8/30/12. The facility has amended the policy/procedure to clarify notification of physicians for any offsite testing when the facility is made aware of the results. "Notification" # 603-10, (Exhibit #8), was amended to include physician notification of any offsite test results that are provided to the facility.</p> <p>In addition to reviewing daily (Director of Nursing will review Saturday and Sunday results on Monday) at Clinical Rounds the Director of Nursing will review weekly the audit of diagnostic testing to validate that physicians are being timely contacted. The physician will be notified at that time if there</p>		

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N 669	Continued From page 18 the man's appearance. When the surveyor asked if the Resident screamed, called out for help, or fought, the Resident's voice raised and quickly answered, "No. I'm an old woman...I didn't scream or anything...he's a man...what can a woman do against a man." Interview with the DNS on August 15, 2012, at approximately 1:30 p.m., in the Staff Development Coordinator's (SDC's) Office, confirmed on the evening of June 16, 2012, at approximately 7:00 p.m. to 7:30 p.m., Resident #1 alleged rape. Continued interview confirmed the facility was notified on August 2, 2012, between 5:00 p.m. and 6:00 p.m., of a positive rape kit obtained after the alleged rape on June 16, 2012. Continued interview confirmed the Resident's attending Physician, is also the facility's Medical Director. The DNS confirmed the facility failed to immediately notify the Resident's Physician or the Physician on-call of the Resident's positive findings from the rape kit. Interview with the Administrator on August 20, 2012, at 5:15 p.m., confirmed the facility failed to immediately notify the Resident's Physician of the positive findings from the rape kit, which was reported to the Administrator on August 2, 2012. Continued interview confirmed the Resident's Physician was not notified until August 19, 2012, after the Resident had been discharged to the hospital "at the family's insistence", then admitted to another facility from the hospital, per the family's request. C/O #30279	N 669	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> are any changes in condition or lab values that should have been communicated. The results of this auditing will be brought to the Facility Performance Improvement Committee monthly x 3 months to address any issues involved in notification of change in condition (Exhibit 9 & 10). The Facility Performance Improvement Committee at its scheduled meeting will review the audits and make any recommendations for needed changes and then evaluate effectiveness		
N 779	1200-8-6-.06(10)(a) Basic Services (10) Social Work Services.	N 779			

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N 779	<p>Continued From page 19</p> <p>(a) Social services must be available to the resident, the resident's family and other persons significant to the resident, in order to facilitate adjustment of these individuals to the impact of illness and to promote maximum benefits from the health care services provided.</p> <p>This Rule is not met as evidenced by: Based on medical record review, review of the facility investigation, review of facility policy, review of a sexual assault forensic report (Rape Kit), review of a facility training program, review of facility policy, and interview, the facility failed to provide social work services for one Resident (#1) with an allegation of sexual assault, of twelve Residents reviewed.</p> <p>The facility's failure to follow facility policy to provide social work services placed Resident #1 in an environment which was detrimental to their health, safety and welfare.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on November 11, 2011, with diagnoses including Dementia, Anxiety, Depression, Hypertension, Congestive Heart Failure, Malignant Colon Cancer, and History of Cardiovascular Accident.</p> <p>Medical record review of a Nursing Assessment dated December 8, 2011, revealed the Resident had moderately impaired cognition. Continued review of the Nursing Assessment dated January 12, 2012, revealed the Resident had severely impaired cognition.</p>	N 779	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>		8/30/2012
			<p>N 779</p> <p>Resident #1 was discharged from the facility on August 16, 2012. The facility Director of Social Services initially met with Resident #1 on June 18 at approximately 11am. The facility Social Services Director continued to visit resident as well as talk with direct care staff who cared for resident at least 2 times a week for 2 weeks (this is not documented but based on interview with the Director of Social Services) to Resident #1 to monitor for any changes of mood and behaviors in conjunction with the daily monitoring of the nursing staff. Resident #1 was not assessed to have any changes or decline in her mental or psychosocial well-being up to and including her day of discharge from the facility, August 16, 2012.</p> <p>Resident #1 was visited by the by the consulting Gero psych Licensed Clinical Social Worker (LCSW) on June 18, 2012 and the resident declined to participate in an interview discussing the alleged incident. The result of (Licensed Clinical Social Worker) LCSW's assessment was that the Resident #1 had no change in behaviors or mood at this point. After discussion with the Administrator and Director of Social Services, it was decided that the LCSW (Licensed Clinical Social Worker) would not further address the alleged sexual abuse with</p>		

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N 779	<p>Continued From page 20</p> <p>Review of a facility investigation dated June 16, 2012, at 7:00 p.m., completed by Registered Nurse (RN) #1, revealed on June 16, 2012, Family Member #2 (of the Resident) reported to RN #1 the Resident "had been raped last night" (June 15, 2012). Continued review revealed RN #1 and Licensed Practical Nurse (LPN) #1 completed a physical exam, revealing no physical trauma, bruises, or tearing. Further review revealed the on-call Physician, Administrator, and Director of Nursing Services (DNS) were notified at 7:15 p.m., and Physician orders were received to send the Resident to the Emergency Room (ER) to be evaluated and a Rape Kit to be completed.</p> <p>Review of a facility investigation and a hand-written statement of an interview with Resident #1, dated June 16, 2012, at 7:25 p.m., and signed by LPN #1 and RN #1 revealed "A man came into room last night. He was good looking; can't remember the exact time; dark hair, blue eyes, no facial hair. (Resident) came out of (Resident's) bathroom and he (man) was stooped down to tie little boy's shoes and he saw (Resident's) feet and followed (Resident) into (Resident's) room and they got on (Resident's) bed. "He stuck it in."</p> <p>Review of a Sexual Assault Forensic Report (Rape Kit Report), completed by the Sexual Assault Nurse Examiner (SANE), dated June 16, 2012, revealed a Sexual Assault Kit was collected (for evidence) on June 16, 2012, at 11:00 p.m., to include buccal (inner cheek, inside the mouth) swabs; pubic hair combing; external vaginal swabs; and perineal swabs. The SANE nurse documented the Resident alleged successful penetration of the vagina, by one assailant, by force. Continued review revealed, "...when</p>	N 779	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Resident #1 unless she wished to do so, or if Resident #1 had been assessed to have changes in mood and behavior.</p> <p>An audit was conducted by VP Clinical Ops on August 30, 2012 of all events occurring from January 1 2012 to August 30 2012, no other events of alleged sexual abuse had occurred (Exhibit 11). 43 interviewable residents and families of 21 non interviewable residents (2 families were away on vacation and did not respond) were questioned by the Administrator, Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, Business Office Manager, Activity Director, Social Services Worker, Admissions Coordinator, Medical Records, Infection Preventionist, Certified Dietary Manager, Case Manager, MDS Coordinator, and Rehab Tech (Certified Nursing Asst), between August 23 and August 28, to determine; if there were any further allegations related to staff treatment, did residents feel they were treated with respect, had residents witnessed any unusual visitors, strangers or had concerns about any staff members? The interviews did not produce any other allegations of sexual abuse nor give potential leads for suspects. The facility did not re-interview staff members in August at the request of the</p>		

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N 779	<p>Continued From page 21</p> <p>Resident came out (of bathroom), he (white...man)...tying little boy shoe...followed me back to my room and "took it" and (Resident) reported that it hurt in...vaginal area when I tried to insert swabs...(Resident) was dark pink to red in external vaginal area." Continued review revealed a diagram of the external vagina, with two arrows, one drawn on each side of the opening of the vagina, and documented, "Complaint of pain to touch...redness."</p> <p>Medical record review revealed no documentation the Social Worker (SW) provided counseling and/or support for the Resident in an effort to assess and address the psychosocial needs, regarding the allegation of rape reported on June 16, 2012.</p> <p>Medical record review of the Licensed Clinical Social Worker's (LCSW) Progress Note dated June 17, 2012, revealed, "...Pt (Patient) declined therapy and asked me to return later but had company the rest of the day, and not seen for one on one therapy; follow up next week..." Continued review revealed no documentation the LCSW provided counseling regarding the allegation of rape reported on June 16, 2012.</p> <p>Review of a facility training program, Abuse Prevention, (no date), revealed, "...Overview...This program is entitled, "Abuse Prevention" and includes a discussion of what exactly is considered abuse, what to do when abuse is alleged or identified, and the staff's responsibilities regarding abuse...8. Documentation and Follow Up...c. The Nursing Facility Social Worker will provide counseling and support to the Resident(s) involved..."</p> <p>Review of facility policy, Protection of Resident</p>	N 779	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>local police department.</p> <p>The interdisciplinary team consisting of MDS coordinator, RN Case Manager, Social Worker, Activity Director, Registered Dietician and Certified Dietary Manager identified the residents on 8/29/2012 who are at higher risk for abuse due to dementia diagnosis, infrequent or no visitors, behavioral issues, or those who are bedfast and dependent on care. The interdisciplinary team met on 8/29 through 8/30/12 to identify care plan goals and interventions to assist in the prevention of abuse.</p> <p>On August 23 & 27, 2012 the District Director of Clinical Ops conducted additional in-service training with Administrator, Director Nursing Service, Case Manager, MDS Coordinator, Housekeeping/Laundry Supervisor, Activity Director, Social Worker and Asst Director Nursing Service on "Conducting an Investigation on an Allegation of Abuse"(Exhibit 27, 28) which included but was not limited to immediacy of investigation, notifications, interviewing alleged victim, alleged perpetrator if known, interviewing witnesses including staff, residents, family members, family members, etc which included the facility Director of Social Services. On August 27, 2012 the District Director of Clinical Ops provided</p>	

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N 779	<p>Continued From page 22</p> <p>During An Investigation, (dated April 28, 2009), "...Primary...Social Services...6. Counseling and support for the Resident(s) involved in an effort to assess and address the psychosocial needs..."</p> <p>Review of facility policy, Responding to and Investigating an Abuse Allegation, (dated July 22, 2010), "...6. Plan and implement corrective action. b. Seek referral to a psychologist, ombudsman or other appropriate counseling/advocacy agent...Documentation Guidelines: 1. Record the Resident's...psychosocial status and actions taken...in the Resident's medical record..."</p> <p>Interview with the LCSW on August 15, 2012, at 11:25 a.m., in the Staff Development Coordinator's (SDC) Office, confirmed, the facility's SW gave the LCSW a "heads-up" on July 9, or July 16, 2012, the Resident had alleged being raped, in the event the Resident said something about being raped during the one-on-one therapy session. The LCSW revealed, "The "heads-up" was brief; to be on the alert." Continued interview confirmed the LCSW did not counsel and was not requested by the facility to counsel the Resident about the allegation of being raped. The LCSW stated "(Resident's) reporting of events is not reliable...Even if I had pursued, the Resident has a history of unreliability...If I had believed or had some reason to think (Resident) had been raped, I would have counseled with (Resident)."</p> <p>Interview with the SW on August 17, 2012, at 4:32 p.m., in the Staff Development Coordinator's (SDC) Office, confirmed the SW is the Director of Social Services and is responsible for the primary oversight of the social work program at the facility. The SW confirmed (Resident) informed</p>	N 779	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>the Director of Social Services with additional in-service education on documentation of interviews, follow-up assessments, and referrals to physician and/or psychological services if indicated (Exhibit 29 & 30). The Director of Social Services will be notified of any alleged reports of abuse by the Administrator, Director Nursing Service or Asst Director Nursing Service. The Director of Social Services will follow Procedure 52002 "Responding to and Investigating an Abuse Allegation" (Exhibit 28) when notified of an alleged abuse. Those activities will include referral to appropriate psychological services, update care plan interventions based on the investigation, report changes to the resident plan of care and communicate to the rest of the IDT at the morning meeting (Mon-Fri), and documentation of the resident's psychosocial status and actions taken by the clinical personnel.</p> <p>The Administrator will monitor the Director of Social Service's performance to validate that medically related social services are provided to the facility residents beginning 8/30/12 weekly X 4 weeks and then monthly X one quarter and then quarterly. When there is an allegation of abuse, the DNS or ADNS will review the documentation of the</p>		

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		N719	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>services provided by Director of Social Services during daily clinical rounds to validate that the psychosocial well being of the resident is being assessed, care planned and with interventions appropriately implemented. The administrator will perform sample reviews of the Director of Social Services documentation monthly beginning 8/30/2012. The results of these audits will be reviewed at the facility monthly Performance Improvement meeting. Concerns or recommendations on the Director of Social Services documentation will be obtained and communicated by the administrator.</p>		

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N 779	Continued From page 23 (SW) on June 18, 2012, of the allegation of rape. Continued interview confirmed the SW did not counsel with the Resident and did not request the LCSW to counsel with the Resident regarding the allegation of rape. The SW confirmed the facility failed to ensure the Resident received any counseling and failed to ensure the social work service needs of the Resident were met in regard to the allegation of rape. C/O 30279	N 779	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
⑤ N1207	1200-8-6-.12(1)(g) Resident Rights (1) The nursing home shall establish and implement written policies and procedures setting forth the rights of residents for the protection and preservation of dignity, individuality and, to the extent medically feasible, independence. Residents and their families or other representatives shall be fully informed and documentation shall be maintained in the resident's file of the following rights: (g) To be free from mental and physical abuse. Should this right be violated, the facility must notify the department within five (5) working days. The Tennessee Department of Human Services, Adult Protective Services shall be notified immediately as required in T.C.A. §71-6-103; This Rule is not met as evidenced by: Based on medical record review, review of the facility investigation, review of facility training program, review of facility policy, review of payroll hours, review of an interview schedule, review of a sexual assault forensic report, observation, interview, and review of video surveillance, the facility failed to thoroughly investigate and implement interventions to protect one Resident	N1207	N1207 On August 3, 2012 the facility was informed that the allegation of rape made in June by Resident # 1 was now being considered as possibly having occurred due to the results of the forensic testing. Resident #1 was discharged from facility on August 16, 2012. An audit was conducted VP of Clinical Ops on August 30, 2012 of all events occurring from January 1 2012 to August 30 2012, no other allegations of sexual abuse were reported. (Exhibit 11). An additional audit was conducted by the Staff Development Co-coordinator on 8/23/2012 to ensure that families and physicians had been notified of all events occurring from 6/15/2012 to 8/22/12 and no issues noted.(Exhibit 12). 43 interviewable residents and families of 21 non interviewable residents (2 families were away on vacation and did not respond) were questioned by the Administrator, Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, Business Office Manager, Activity Director, Director of Social Services, Admissions Coordinator, Director of Medical Records, Infection Preventionist, Certified Dietary Manager, Case Manager, MDS Coordinator, and Rehab Tech (Certified Nursing Asst),	8/30/2012	

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N1207	<p>Continued From page 24</p> <p>(#1) with Alzheimer's Disease (a common type of Dementia, in which a loss of mental ability is severe enough to interfere with normal activities of daily living) from sexual abuse of twelve Residents reviewed.</p> <p>The facility's failure to follow facility policy to thoroughly investigate and implement interventions immediately to protect the Resident placed Resident #1 and all Residents with Dementia in an environment which was detrimental to their health, safety and welfare.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on November 11, 2011, with diagnoses including Dementia, Anxiety, Depression, Hypertension, Congestive Heart Failure, Malignant Colon Cancer, and History of Cardiovascular Accident.</p> <p>Medical record review of a Nursing Assessment dated December 8, 2011, revealed the Resident had moderately impaired cognition; had no depressive symptoms; had no behavior symptoms; required extensive assistance with all activities of daily living (ADL) except eating, which required supervision; and used a manual wheelchair for mobility.</p> <p>Continued review of the Nursing Assessment dated January 12, 2012, revealed the Resident had severely impaired cognition; Depression; had difficulty focusing attention and had disorganized thinking; required extensive assistance with all ADLs, to include eating; and used a manual wheelchair for mobility.</p> <p>Review of a facility investigation dated June 16, 2012, at 7:00 p.m., completed by Registered</p>	N1207	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>between August 23 and August 28, to determine the following: if there were any further allegations related to staff treatment, did residents feel they were treated with respect, had residents witnessed any unusual visitors, strangers or had concerns about any staff members. The interviews did not produce any other allegations of sexual abuse nor provide any potential leads for suspects. It was the understanding of the Executive Director from the police department that the facility was to refrain from re-interviewing staff members in August. The police officer indicated that this was now his investigation and he wanted to be the person to question male staff employees and procure DNA samples. The police advised the facility that in doing so it may impede or interfere with law enforcement's ability to correctly conduct its criminal investigation and to identify and prosecute the perpetrator.. The facility agreed to fully comply with the request of the local police and did so based on policy and procedure of the facility "Responding to and Investigating an Abuse Allegation"(Exhibit 3).</p> <p>The interdisciplinary team consisting of MDS coordinator, RN Case manager, Director of Social Services, Activity</p>		

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N1207	<p>Continued From page 25</p> <p>Nurse (RN) #1, revealed on June 16, 2012, Family Member #2 (of the Resident) reported to RN #1 the Resident "had been raped last night" (June 15, 2012). Continued review revealed RN #1 and Licensed Practical Nurse (LPN) #1 completed a physical exam, and documented no physical trauma, bruises, or tearing. Further review revealed the on-call Physician, Administrator, and Director of Nursing Services (DNS) were notified at 7:15 p.m., and Physician orders were received to transfer the Resident to the Emergency Room (ER) to be evaluated and a Rape Kit to be completed. Linen from the bed and gown worn on the evening of June 15, 2012, were packed up for the Police Investigator; an internal investigation was initiated on the evening of June 16, 2012, by the Administrator and DNS.</p> <p>Review of a facility investigation dated June 16, 2012, completed by the DNS, revealed, "(Family Member #2) of Resident (#1) reported to RN (#1), the (Resident) had stated...had been raped. (RN #1) notified nurse on-call, the ED (Executive Director, the Administrator), and DNS of the report. Exam of the perineal (area between the external parts of the female genitalia and the anus) area was accomplished by LPN #1 and RN #1. The MD (Medical Doctor) was notified...of no outward visible (visible) trauma-no reddened areas..." The Resident's statement was taken..."A man came into the room last night...can't remember the exact time...he had dark hair, blue eyes...no facial hair...(Resident) came out of (Resident's) bathroom and he was stooped down to tie a little boy's shoes and he saw my feet and followed me into my room and...got on (Resident's) bed...no biting or scratching..."</p> <p>Continued review of the investigation revealed</p>	N1207	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Director, Registered Dietician and Certified Dietary Manager identified the residents on 8/29/2012 that may be at higher risk for abuse due to dementia diagnosis, infrequent or no visitors, behavioral issues, or those who are bedfast and dependent on care. The interdisciplinary team met on 8/29 through 8/30/12 to identify care plan goals and interventions to assist in the prevention of abuse. This increased focus on residents who may be at higher risk for abuse has been communicated to the Certified Nursing Assistant staff via their assignment sheet and by placing a copy of the resident care plan for higher risk of potential abuse "Social Isolation" in the C.N.A flow sheet book. Licensed nurses have a copy of the resident care plan for higher risk of potential abuse, "Social Isolation, with the resident's Medication Administration Record. The Activity Director and Director of Social Services conducted a Resident Council meeting on 8/29/2012 to discuss any security concerns of the residents. During this meeting the residents indicated to the Administrator that they felt safe here.(Exhibit 33).</p> <p>The corporate Human Resource department is obtaining updated background checks on all male employees on 8/30/2012 to identify any current issues. The background checks</p>		

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N1207	<p>Continued From page 26</p> <p>employees who were present in the building during the alleged rape were interviewed by the Administrator and the DNS, to include Certified Nursing Assistant (CNA) #1, #2, #3, #4, #5, and #6, (all were females); Hospitality Aide (HA) #1, (female); LPN #1, and #2, (females); and RN #1, #2, and #3, (females); none of which saw a child in the building or during the evening or night shift hours. RN #3 reported there was one male visitor on the 200 hall, visiting a Resident (family) on the evening shift of June 15, 2012. LPN #2 saw Resident #1 sitting in (Resident's) chair at approximately 2:00 a.m. and sent CNA #2 to assist the Resident to bed; the Resident told CNA #2 (Resident) was "having trouble sleeping." Continued review revealed no male Residents were up on either hall during the night shift on June 15, 2012. The Resident was transported to the ER (no date or time) to be examined for evidence of rape; and linens were gathered and given to the police for further testing. The Resident returned to the facility from the hospital at 1:30 a.m. (no date). Employees who were not able to be reached by telephone on June 16, 2012, or June 17, 2012, were interviewed on June 18, 2012, to include CNA #7, (female); LPN #3, (female); and RN #4, (male). Employees interviewed on June 18, 2012, revealed none saw a child in the facility on "Friday night" (June 15, 2012), and "No gentleman fitting the Resident's description was seen in the Center (facility) on June 15, 2012."</p> <p>Review of a facility investigation and a hand-written statement of an interview with Resident #1 dated June 16, 2012, at 7:25 p.m., signed by LPN #1 and RN #1, "A man came into room last night. He was good looking; can't remember the exact time; dark hair, blue eyes, no facial hair. (Resident) came out of (Resident's)</p>		N1207	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>are expected to be available Tuesday or Wednesday 9/4/12 or 9/5/12.</p> <p>A security assessment was completed on 8/30/2012 by a police officer of the City of Maryville. The officer conducted a tour of the facility as well as the grounds of the facility. A verbal recommendation from the officer was for the facility to hire a security guard pending the outcome of the police investigation around the clock to enhance the facility's security measures surrounding visitors sign in/out procedures, and provide additional security support until a perpetrator is identified and taken into custody. The center has obtained security personnel through the Blount County Sheriff Department starting 8/30/12 until a replacement security contract is obtained. The facility will re convene the Performance Improvement security workgroup at that time to evaluate the recommendations and present them to the Performance Improvement Committee for review and action. The members of the Security Workgroup are: Maintenance Director, Administrator, Director of Nursing, Activity Director, Staff Development Coordinator, Housekeeping Supervisor and Patient Relations Coordinator</p>	

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N1207	<p>Continued From page 27</p> <p>bathroom and he (man) was stooped down to tie little boy's shoes and he saw (Resident's) feet and followed (Resident) into (Resident's) room and they got on (Resident's) bed. "He stuck it in." Didn't threaten (Resident); didn't speak; they were on the bed. No biting or scratching...Physical exam...no redness..."</p> <p>Review of the facility investigation of a hand-written timeline received from the DNS on August 15, 2012, at 7:00 p.m., revealed the following:</p> <p>June 16, 2012, "Resident was visited by Family Member #1 around noon on June 16, 2012. (Resident) told (Family Member #1)...had been raped 'yesterday'...(Family Member #1) shared this information with (Family Member #2) on the afternoon of June 16, 2012. (Family Member #2) visited (Resident) June 16, 2012, near the time of the evening meal. (Resident again mentioned that...had been raped 'yesterday.' As (Family Member #2) was preparing to leave...stopped and shared (Resident's) comments with RN #1. At 7:15 p.m., RN #1 called the Administrative Nurse On-Call, the Administrator, and the DNS. LPN #1 and RN #1 examined (Resident) for evidence of physical trauma, no tearing noted to the labia (folds of skin at the opening of the vagina) or vaginal area. The Physician On-Call was notified of the Resident's statements and results of the external exam. An order was received to transport (Resident) to the Emergency Room for further evaluation. The ED and DNS arrived at the Center...approximately 7:45 p.m. and began internal investigation...At 8:18 p.m., the Resident was received for care at (local hospital) ER. Nursing staff members on duty June 15 and June 16, (2012), were interviewed...(seven) Nursing Assistants, (two) RN's, and (one) LPN were</p>	N1207	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Systematic Changes to the Handling of Abuse Reporting and Investigations:</p> <p>Facility policies and procedures were reviewed by the Administrator, Director of Nursing and District Director Clinical Operations on 8/30/12. Two minor changes were made to the written policy and procedures. On 8/21/12 an Addendum to Facility's Abuse Prohibition Policy and Procedures was made to clarify the term "visitors" to include both family/friends as well as other professional consultants or visitors such as but not limited to: Paramedics, EMT's, Radiological Techs, laboratory techs, Physicians, Nurse Practitioners, clergy, attorneys, and legal representatives (Exhibit 31). On 8/30/2012 "Notification" # 603-10, (Exhibit #8), was amended to added that physicians will be notified for lab test results or other test results returned from another laboratory or healthcare site that the resident was seen. The Administrator conducted in-services for facility staff on definitions of abuse, recognizing signs of possible abuse, protection of resident, Elder Abuse Act. These in-services were conducted beginning on 7/30/12, 7/31/12, 8/9/12, 8/22/12 and</p>	

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N1207	<p>Continued From page 28</p> <p>interviewed on June 16, 2012. On June 18, 2012, those nursing staff members not available for interview on June 16 or June 17, (2012), were interviewed, (one RN, one LPN, and one CNA)..."</p> <p>June 17, 2012, "... (Resident) returned to the Center at 1:00 a.m...Report was received from...ER Nurse stating no evidence of trauma to the genital area...rape kit completed...Detective notified (Administrator) that (Detective) saw no evidence that an event had occurred...would contact the ED when the rape kit report returned."</p> <p>August 2, 2012, "Approximately 5-6 pm (5:00 p.m.-6:00 p.m.), Detective notified ED and DNS of positive results of rape kit (DNA {deoxyribonucleic acid} testing or DNA profiling is a technique employed by forensic scientists to assist in the identification of individuals by their respective DNA profiles)..."</p> <p>August 5, 2012, "Executive Director formulated an agenda of focus areas to increase our security measures."</p> <p>August 6, 2012, "A Performance Improvement Security Team was formulated and met to further discuss security measures in our Center. Ideas were exchanged and phone calls made to vendors and Corp (Corporate) to begin to revamp our systems-cameras, alarms changes, etc. (et cetera, meaning "and so on")."</p> <p>August 7, 2012, "Lock down times, alarm changes in place; further research into hiring of security personnel to monitor the Center."</p> <p>Review of a facility training program, Abuse Prevention, (no date), revealed, "...Overview...This program is entitled, "Abuse</p>	N1207	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>8/24/12 for facility staff and 93 staff have received the in-service and 6 staff remain who will not be allowed to return to work until receiving the same inservice (Exhibit 13 & 14).</p> <p>The comprehensive practice for alleged abuse events will include documentation of the investigation on the "Alleged Abuse Investigation Worksheet" (Exhibit 15). This worksheet identifies details of the incident, lists all possible witnesses, documents witness interviews, and identifies actions taken to prevent resident from a re-occurrence. Upon notification of an alleged abuse, the licensed nurse immediately ensures the safety of the resident and contacts the Administrator and Director of Nurses who will return to the center to conduct the investigation and utilize this worksheet. In the event that the Administrator or Director of Nursing are not available to conduct the investigation immediately, the back up investigators will include the Assistant Director of Nurses, the RN Case Manager, MDS coordinator and/or the Director of Social Services. The District Director Clinical Operations conducted an in service on 8/23/12 to the above listed potential investigators on proper completion of this worksheet.</p>		

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N1207	<p>Continued From page 29</p> <p>Prevention" and includes a discussion of what exactly is considered abuse, what to do when abuse is alleged or identified, and the staff's responsibilities regarding abuse...(Company) Policy and Purpose...Each Resident has the right to be free from verbal, sexual, physical and mental abuse...Sexual Abuse Includes, but is not limited to, sexual harassment, sexual coercion or sexual assault of a Resident.</p> <p>Review of facility policy, Abuse, dated October 26, 2011, revealed, "...sexual...abuse...of patient...strictly prohibited..."</p> <p>Review of facility policy, Abuse Prevention, dated April 28, 2009, revealed, "Procedure...8. Identify concerns/problems and take corrective action to assist in preventing re-occurrences..."</p> <p>Review of facility policy, Responding to and Investigating an Abuse Allegation, dated July 22, 2010, revealed, "An employee, a visitor, or another Resident can commit Resident abuse...Procedure...Alleged Sexual Abuse...2. Preserve all physical evidence of assault pending investigation...c. Place each item of clothing and linen in a separate paper bag. NOTE: Do not use plastic bags. 5. Determine root cause(s) of the event. 6. Plan and implement corrective action. a. Address security issues immediately..."</p> <p>Review of facility policy, Conducting an Investigation, dated June 6, 2006, revealed, "Federal regulation requires a center have evidence that all allegations of abuse...are thoroughly investigated...In addition, the center must take action to prevent further potential abuse...Procedure...7. Document other Residents identified with physical signs of abuse...9. Interview staff members, visitors and/or</p>	N1207	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>On August 6 the facility convened a Performance Improvement Security Workgroup meeting. The members of the Security Workgroup are: Maintenance Director (Plant Ops Manager), Administrator, Director of Nursing, Activity Director, Staff Development Coordinator, Housekeeping Supervisor and Customer Service (Patient Relations) Coordinator. At this meeting enhanced security measures that could be put in place were identified.</p> <p>The lock codes were changed on 8/27/2012 for the main entrance, the vendor/service entrance and the court yard entrance. Exit codes were also changed and are different than entrance codes. Door codes will be changed every 30 days or more frequently if the code is compromised. The court yard gate will remain locked at all times unless under direct observation i.e., opened to bring in or remove materials such as lawn care equipment, yard debris, etc. The maintenance director or maintenance assistant will be responsible to unlock/lock and monitor gate during this type of activity. The key is secured in the maintenance office. Only Maintenance and Administrator have access to the key. The service door, which is for staff and vendor access only, is locked 24 hours a day/7 days a week Staff may use access code to exit and enter.</p>		

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N1207	<p>Continued From page 30</p> <p>Residents who may have knowledge of alleged incident being investigated...b. Staff on other shifts that may have seen or heard anything...c. Residents in the same room, or Residents in the immediate vicinity of where the alleged incident occurred...d. Visitors...Observe and document any unusual demeanor of the person being interviewed...16. Describe any action(s) taken by the center to protect the Resident(s) and to prevent a possible reoccurrence...20. If the allegation involves sexual abuse...if alleged victim was examined...obtain a copy...of the examination..."</p> <p>Review of the facility's Payroll Hours and (Housekeeping/Laundry Contract Company's) Payroll (including Nursing, Dietary, Maintenance, Housekeeping and Laundry; excluding Administrative, Office and Therapy staff), dated June 13, 2012, revealed 44 employees worked, to include six males. Review of the facility investigation revealed none of these males were interviewed. Continued review revealed on June 14, 2012, 43 employees worked, to include four males (none of these males were interviewed); June 15, 2012, revealed 47 employees worked including seven males (one male interviewed); June 16, 2012, revealed 33 employees worked, to include four males (none of these males were interviewed).</p> <p>Review of an Employee Interview Schedule developed by the facility for the police investigation (with scheduled times, but no date) identified eight males. Observation on August 15, 2012, revealed police (Detective) in the facility to complete the interviews and requested the eight males submit voluntary DNA swabs due to Resident #1's positive rape kit results. Review of the list revealed Housekeeper (HK) #3 worked on</p>	N1207	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Vendors/delivery personnel must ring bell and have staff open the door. The staff who opens the door is responsible for having the vendor sign-in and sign out. The vendor sign in sheet is located at the delivery entrance. (Exhibit 16 & 17). The Administrator, Maintenance Director, Director of Nursing, Business Office Manager, Asst. Director of Nursing or assigned week-end duty managers will monitor the vendor logs daily to ensure that vendors are signing in and out. (Exhibit 18). Windows and screens were checked from the exterior on Aug 16, 2012 and found to be secure by the maintenance director. To make resident room windows so that they cannot be opened from the outside by an "intruder, wood dowels were placed in the inside slides track to prevent the windows opening greater than 6 inches on August 14, 2012 (Exhibit 19). The facility has purchased windows locks for the resident room windows and is awaiting approval from the State of Tennessee, Dept. of Health, and Health Care Facilities Engineering for installation, expected response by 9/04/2012. All non- resident room windows are currently secured by an inside lock. The maintenance director, maintenance assistant, assigned week-end duty manager are checking the resident room windows daily to validate the current safety</p>		

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N1207	<p>Continued From page 31</p> <p>June 15, 2012, but was not on the list.</p> <p>Review of a Sexual Assault Forensic Report (Rape Kit), completed by the Sexual Assault Nurse Examiner (SANE), dated June 16, 2012, revealed a Sexual Assault Kit was collected (for evidence) on June 16, 2012, at 11:00 p.m., to include buccal (inner cheek, inside the mouth) swabs; pubic hair combing; external vaginal swabs; and perineal swabs. The SANE nurse documented the Resident alleged successful penetration of the vagina, by one assailant, by force. Continued review revealed, "...when Resident came out (of bathroom), he (white...man)...tying little boy shoe...followed me back to my room and "took it" and (Resident) reported that it hurt in...vaginal area when I tried to insert swabs...(Resident) was dark pink to red in external vaginal area." Continued review revealed a diagram of the external vagina, with two arrows, one drawn on each side of the opening of the vagina, and documented, "Complaint of pain to touch...redness."</p> <p>Observation and interview with Resident #1 on August 13, 2012, at 1:30 p.m., in the Resident's room, revealed the Resident was in bed and the privacy curtain was pulled between the Resident and the roommate. The Resident revealed, "a while back (unable to recall the date), I came out from my bathroom and stood in my doorway (with a fork in the right hand, pointed toward the door facing the hallway)...I saw a young man outside my room in the hallway, stooped down, and tying a little boy's shoe. He stood up, saw me, and he wanted me...I turned and went into my room and he followed me...he stuck it in me...down there (pointed between the (Resident's) legs to vaginal area)...he finished, pulled it (penis) out, and cleaned it." The Resident revealed not to know</p>	N1207	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>device is in place (Exhibit 20).</p> <p>Currently there are 3 camera's attached to a motion detector that records when there is movement detected. The cameras visualize the front entrance (camera installation 8/10/2012), the vendor entrance (camera installation began 8/30/2012 and completed 8/31/2012), and the employee locker room (camera installed in 2010). This recording will provide the facility with evidence to review if there are any events such as employee theft, or other events that occurred, its intent is not to use as real time monitoring but provide a retrospective review. This is another mechanism for monitoring the compliance of the visitor and vendor sign in/out procedure. Results of daily review of the recordings will be reported in the weekday morning meeting. (Exhibits 23 & 24). At the present time it is reviewed daily by the maintenance director (Plant Ops Manager), or the Administrator, Director of Nursing, Assistant Director of Nursing, Business Office Manager, 3 Business Office Assistants, Activity Director, Activity Assistant, Director of Social Services, Director of Admissions, Director of Medical Records and Data Entry Clerk. It is possible to watch the camera real time if</p>		

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N1207	<p>Continued From page 32</p> <p>what the man used for his personal hygiene upon completion of the assault, "I don't know; he had whatever it was with him." The Resident was unable to recall descriptive details or features of the man's appearance. When the surveyor asked if the Resident screamed, called out for help, or fought, the Resident's voice raised and quickly answered, "No. I'm an old woman...I didn't scream or anything...he's a man...what can a woman do against a man." The Resident confirmed, "...I told my (Family Members #1 and #2), what happened."</p> <p>Interview with the DNS on August 13, 2012, at approximately 3:45 p.m., in the AC's Office, confirmed, the Administrator was on vacation and the DNS was the "Administrator In-Charge" in the absence of the Administrator. Continued interview with the DNS confirmed, on the evening of June 16, 2012, at approximately 7:00 p.m., to 7:30 p.m., Resident #1 alleged rape. Continued interview confirmed the facility was notified on August 2, 2012, of a positive rape kit.</p> <p>Interview with RN #1, in the presence of the DNS, on August 13, 2012, at 5:05 p.m., in the MDS Office, confirmed on June 16, 2012, at approximately 6:30 p.m. to 7:00 p.m., Family Member #2 called RN #1 into (Resident's) room, and alleged, "(Resident) said (Resident) had been raped last night," and asked RN #1 to check the bed for evidence. RN #1 confirmed not to touch the bed, "I did not want to contaminate potential evidence." Continued interview revealed notifications were made; and a head-to-toe examination, to include an examination of the external vaginal and peri-area was completed, with no external evidence of trauma. Continued interview revealed the on-call Physician was notified and orders were received to send the</p>	N1207	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>circumstances warrant. (Exhibit 21). The front entrance is locked down beginning at 6 pm. Visitors must ring the bell and security personnel or staff respond to allow visitors to enter and exit the facility. A "visitor's log" placed at the receptionist area is monitored by video cameras, facility staff and/or the security guard to ensure that visitors sign in and out. (Exhibit 22).</p> <p>The Administrator conducted in-services for staff on the facility's updated security measures on August 18, 19, 21, 23, 24, and 28, 2012, and 92 employees have received the in-service and 7 remain (Exhibit 25 & 26). Employees on leave of absence, vacation, etc. upon return will receive the same in-service on prevention measures by their department head or designee, prior to reporting to their job area. On August 23, 2012 the District Director of Clinical Ops conducted additional in-service training with Administrator, Director of Nursing, Case Manager, MDS Coordinator, Housekeeping/Laundry Supervisor, Activity Director, Social Worker and Asst. Director of Nursing on "Conducting an Investigation on an Allegation of Abuse"(Exhibit 28) which included, but was not limited to, immediacy of investigation, notifications, interviewing alleged victim, alleged perpetrator, interviewing witnesses including</p>	

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N1207	<p>Continued From page 33</p> <p>Resident to the ER. RN #1 confirmed the Resident's bed linens and gown was placed in a "plastic bag" and given to the Administrator; at approximately 9:15 p.m. to 9:30 p.m., the bagged items were picked up by the police. Continued interview confirmed RN #1 "was not directed to do anything different from the norm (normal)" to protect the Resident or other Residents from sexual abuse. "No additional or new interventions were implemented to prevent re-occurrence...no doors locked, no security rounds, no staff placed at exit or entrance doors...the service door codes have always changed monthly...pavillion door (door leading to the outside courtyard) code changed sometime around the end of July or in August...I think it was sometime in August."</p> <p>Observation of facility's physical plant (building) and interview with the Maintenance Supervisor on August 14, 2012, beginning at approximately 1:45 p.m., in the AC's Office, revealed, "I've heard rumors; someone raped someone. I heard through the rumor mill." Observation of the entrance and exit doors, and the courtyard area and continued interview confirmed the facility had three doors permitting both entrance and egress (exit)-the front door, service hall (double) doors, and the courtyard door; and three fire doors permitting egress only using a key pad code. All doors that lock-down and/or with a key pad egress, have a 15 second delayed egress system. Each Resident's room and offices have windows, which are locked, but can be unlocked from the inside for exit.</p> <p>Continued observation and interview with the Maintenance Supervisor at approximately 2:00 p.m., in the service hall, revealed a notebook containing "Vendor Sign-In Sheets." Continued</p>	N1207	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>staff, residents, family members, etc.(Exhibit 27).</p> <p>The maintenance director, Administrator, Business of Manager or assigned weekend duty managers will be responsible to view the video taping of the front lobby, the employee locker room and the vendor entrance and report any concerns to the facility administrator daily. Any staff member not in compliance with enhanced security measures will be disciplined as appropriate. New hires will receive facility orientation to the centers enhanced security measures.</p> <p>The Facility's Performance Improvement Committee (Administrator, Director of Nursing, Medical Director, Asst. Director of Nursing, Staff Development Coordinator, Business Office Manager, RN Case Manager, MDS Coordinator, Activity Director, Director of Social Services, CDM, Plant Ops Manager) met on August 21, 2012 to address issues of security (Exhibit 9 & 10). Updates to the security measures will be provided, effectiveness of measures will be reviewed and further recommendations made as needed. The Administrator/Director of Nursing/Staff Development Coordinator will track and trend events such as injury of</p>		

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N1207	<p>Continued From page 34</p> <p>observation of the sign-in sheets confirmed the first entry and signature was dated August 7, 2012. Continued observation confirmed two food vendors did not complete the signature portion of the sign-in sheet on August 9, 2012, and August 13, 2012; further observation confirmed one vendor did not complete the following sections of the sign-in sheet dated August 14, 2012: Job Description, Location, Contact Maintenance Director Yes/No, and/or Signature. The Maintenance Supervisor confirmed the sign-in sheets were implemented on August 7, 2012, and the facility failed to obtain the vendors signatures and/or complete information on the sign-in sheets on August 9, 13, and 14, 2012.</p> <p>Continued observation and interview with the Maintenance Supervisor at approximately 2:15 p.m., outside in the courtyard, confirmed a wooden fence approximately five to five and one-half feet enclosed the courtyard. The fence included one service gate. Observation of the service gate confirmed the gate had a padlock, hasp, and staple. Continued observation confirmed the hasp was unlatched from the staple, and the padlock was hanging unlocked in the staple. Observation confirmed no staff were present in the courtyard or adjacent the outside of the service gate. The Maintenance Supervisor confirmed the service gate was unlocked and unattended, and the facility failed to ensure the courtyard was secure.</p> <p>Continued interview with the Maintenance Supervisor on August 14, 2012, at approximately 2:30 p.m., after completing an observation of the facility, confirmed the following:</p> <p>1) No changes have been made to the front door system. The front door is not locked during the</p>	N1207	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>unknown origin, information from resident/family interviews and allegation of abuse investigations, if any, to monitor and evaluate facility's abuse prevention program. The Director of Nursing will continue to present to the Facility Performance Improvement Committee at its monthly meeting any/all investigations of allegations of abuse that includes a review of compliance with the facility's P&P on Abuse Prevention & Investigation for review, discussion and recommendations, if indicated.</p>		

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N1207	<p>Continued From page 35</p> <p>hours of 5:45 a.m. to 6:00 p.m.</p> <p>2) On August 7, 2012, changes were made to lock-down the service hall (double) doors beginning at 5:00 p.m. until 5:45 a.m., and a Vendor Sign-In Sheet was implemented, requiring vendors to sign-in upon entering the building. Prior to August 7, 2012, the lock-down time was from 7:30 p.m. until 5:45 a.m.</p> <p>3) No changes have been made to the courtyard door system.</p> <p>4) A camera that records surveillance was installed in the front lobby on August 10, 2012. This camera is positioned toward the front door to record video surveillance of the front lobby, from the Receptionist's window to the front door.</p> <p>5) Wooden dowels were place in the threshold of each Resident's window on August 14, 2012, at approximately 5:00 p.m. The dowels measured 32 inches long, and the window thresholds measure 35 inches wide. The dowels were laid in the thresholds, unsecured, and could be easily picked-up and/or removed.</p> <p>Interview with the DNS, and in the presence of the Corporate Director of Clinical Services, on August 14, 2012, at approximately 4:30 p.m., in the Administrator's Office, confirmed, "We found out the rape kit test was positive on August 2, 2012, between 5:00 p.m. to 6:00 p.m. The ED and I were together when the Detective called and informed us of the positive results." The Corporate Director of Clinical Services confirmed, "We felt our day-to-day procedures were enough. It wasn't until we received the news from the police department of the positive rape kit that we found out our procedures and security wasn't</p>	N1207			

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N1207	<p>Continued From page 36</p> <p>enough."</p> <p>A second interview with the Maintenance Supervisor on August 14, 2012, at 5:20 p.m., in the AC's Office confirmed, the Maintenance Supervisor "was not instructed by anyone to make any changes in the security or to enhance the security in this facility until August 6, 2012...on August 6, 2012, we had a security meeting and discussed changes...we didn't implement any security changes until August 7, 2012..."</p> <p>Interview with the Staff Development Coordinator (SDC) on August 14, 2012, at 6:05 p.m., in the SDC's Office confirmed, "The abuse in-services done on July 30, 2012; July 31, 2012; and August 9, 2012 were conducted to 'catch up' any not done in January 2012, and to review based on the June 16, 2012 allegation of rape; but 100 percent of the staff were not in-serviced based on the allegation of rape." "...I know that Resident (#1)...if the rape had occurred, the facility would have known it. There was no need to make any changes in the facility's policies, systems, or security measures; the facility was doing all it needed to do..."</p> <p>Interview with Dietary Aide (DA) #1 (male) on August 15, 2012, at 10:45 a.m., in the SDC's Office confirmed, DA #1 worked on June 13, 14, and 16, 2012. Continued interview confirmed DA #1 was not interviewed by anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. DA #1 denied sexually assaulting Resident #1.</p> <p>Interview with DA #2 (male) on August 15, 2012, at 10:50 a.m., in the SDC's Office confirmed, DA #2 worked on June 15, and 16, 2012. Continued interview confirmed DA #2 was not interviewed by</p>	N1207		

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N1207	<p>Continued From page 37</p> <p>anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. DA #2 denied sexually assaulting Resident #1.</p> <p>Interview with RN #4 (male) on August 15, 2012, at 10:55 a.m., in the SDC's Office confirmed, RN #4 worked on June 15, 2012, on the 2:00 p.m. to 10:00 p.m., shift. Continued interview confirmed RN #4 received a call from the DNS on June 18, 2012, to "give me a heads up" that I would be questioned about an allegation of Resident #1 being raped. The DNS asked me if I observed anything strange or unusual...I was not questioned personally about committing any sexual abuse...the DNS did not ask me if I did it." RN #4 denied sexually assaulting Resident #1.</p> <p>Interview with the AC, (male) on August 15, 2012, at 11:05 a.m., in the SDC Office, confirmed the AC worked from 9:00 a.m., to 5:30 p.m., usually Monday through Friday. Continued interview confirmed the AC was not interviewed by anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. The AC denied sexually assaulting Resident #1.</p> <p>Interview with the Maintenance Supervisor, (male) on August 15, 2012, at 11:15 a.m., in the SDC Office, confirmed the Maintenance Supervisor worked from 6:00 a.m. to 2:30 p.m., usually Monday through Friday, and as needed for maintenance problems or repairs after hours. Continued interview confirmed the Maintenance Supervisor was not interviewed by anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. The Maintenance Supervisor denied sexually assaulting Resident #1.</p> <p>Interview with the DNS on August 15, 2012, at</p>	N1207			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N1207	<p>Continued From page 38</p> <p>1:30 p.m., in the SDC's Office confirmed, other than Resident #1 and (Resident's) Family Members, no Residents or visitors were interviewed based on the June 16, 2012, allegation of rape; confirmed no male staff other than RN #4 was interviewed, "The ED and I did not feel it was necessary to interview male staff that was not scheduled on June 15, or 16, 2012." The DNS confirmed the following:</p> <p>August 6, 2012, a security meeting was held to discuss security changes;</p> <p>August 7, 2012, lock-down times were changed on the front and service hall doors; and the DNS stated was unaware a Vendor Sign-In Sheet had been implemented.</p> <p>August 10, 2012, a surveillance camera was installed in the front lobby.</p> <p>Continued interview with the DNS confirmed, "We had to sit and think...what do we need to do"...we had to have a plan...we did not have the ability to immediately procure (obtain) any equipment between August 2, 2012, and August 6, 2012...The nursing department did not have staff available to place in key positions, such as at entrance and exit of doors to ensure security, without pulling from patient care; or to do rounds such as every fifteen minutes...I feel like we did everything that we knew to do."</p> <p>Interview by telephone with the Resident's Family Member #2 on August 15, 2012, at 3:10 p.m., revealed, "(Resident) told me 'I've been raped' and I reported it to (RN #1)...was taken to the ER...the nurse that did the rape kit told me that (Resident's) vagina was awful red..." Family Member #2 revealed the police called Family</p>	N1207			

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N1207	<p>Continued From page 39</p> <p>Member #2, and said, "I've got bad news for you...your (Resident) was raped and I've got his (perpetrator's) DNA. Continued interview revealed, "The facility didn't do anything when it was reported...I asked (Administrator) why there were no security measures, no cameras... (Administrator) said security cameras are not required...They had (Resident) in the bed by the window and kept the privacy curtain pulled and closed off from everybody. I went to (Administrator) and requested (Resident) to be moved next to the door...now (Resident's roommate) is beside the window with the curtain pulled most of the time...(Resident's roommate) can't defend...self or tell you if is raped...I'm trying to get (Resident) placed in another facility..."</p> <p>Interview with Physical Therapist (PT), (male) on August 15, 2012, at 3:25 p.m., in the SDC's Office confirmed, the PT was hired in 2007, and works as needed, PRN. Continued interview confirmed the PT was not interviewed by anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. The PT denied sexually assaulting Resident #1.</p> <p>Interview with HK (Housekeeper) #1 (male) on August 15, 2012, at 3:35 p.m., in the SDC's Office confirmed, HK #1 worked on June 13, 15, and 16, 2012. Continued interview confirmed HK #1 was not interviewed by anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. HK #1 denied sexually assaulting Resident #1.</p> <p>Interview with HK #2 (male) on August 15, 2012, at 3:35 p.m., in the SDC's Office confirmed, HK #2 worked on June 13, 14, 15, and 16, 2012. Continued interview confirmed HK #2 was not interviewed by anyone regarding the June 16,</p>	N1207			

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N1207	<p>Continued From page 40</p> <p>2012, alleged sexual abuse of Resident #1. HK #2 denied sexually assaulting Resident #1.</p> <p>Interview with HK #3 (male) on August 17, 2012, at 1:45 p.m., in the SDC's Office confirmed, HK #3 worked on June 15, 2012. Continued interview confirmed HK #3 was not interviewed by anyone regarding the June 16, 2012, alleged sexual abuse of Resident #1. HK #3 denied sexually assaulting Resident #1.</p> <p>Interview with the Administrator on August 17, 2012, at 5:10 p.m., in the SDC's Office confirmed Resident #1 alleged on June 16, 2012, to have been raped on June 15, 2012, and was sent to the ER, and a rape kit was collected. The Administrator revealed to be in the facility for approximately four hours on June 16, 2012, after notification of the allegation, "I saw nothing unusual, or nobody unusual, nobody that didn't belong... I called (Resident's) Family Member #3, who revealed (Resident) had never said anything like this in the past (sexual abuse)...We did nothing different upon (Resident's) return (from the ER)..." The Administrator revealed, "On June 17, 2012, the police called (Administrator) and informed "...rape kit had been done...and would not have the final results...for a few weeks..." The Administrator confirmed the police did not say the Resident had not been raped, "...No, (police) couldn't do that...didn't have all the evidence to confirm the Resident wasn't raped and did say it would take several weeks to get the evidence from the rape kit." The Administrator confirmed the facility had one page of the sexual assault forensic report completed by the SANE Nurse on June 16, 2012, and attached to the hospital ER records; but did not request a copy of the report. The Administrator stated (Resident's) (Family Member #2) was at the hospital with</p>	N1207			

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N1207	Continued From page 41 (Resident) and "told me the Nurse said (Resident) was a little red (vaginally)." Continued interview confirmed, "During the month of May or June, 2012, another Resident was not doing well and had lots of family visiting, to include several sons...we thought...(Resident #1), saw a lot of men during that time, and with (Resident's) Dementia, maybe it was a dream or something from (Resident's) past...We don't know what happened...no professional entity or staff, (hospital, Physician), told the facility the rape did not occur...I contacted (facility's) Director of Operations and Director of Clinical Services and ask them to make sure I don't miss anything." "The (Police) notified me on August 2, 2012, of the positive rape kit." The Administrator stated "On August 16, 2012, a Sign-In book was placed on a table in the front lobby...signing in was on a voluntary basis, with no facility oversight "I'm not as concerned with people signing in during the day, as I am at night..." and "On August 6, 2012, Church groups were directed not to assist Residents back to their rooms from the dining room, after Church services...this has not been monitored..." Continued interview with the Administrator confirmed, "We did not implement interventions to address or enhance security based on the June 16, 2012, rape allegation; and we didn't begin to implement security interventions until August 7, 2012, based on the positive rape kit reported to us on August 2, 2012." Continued interview with the Administrator confirmed, "We have had a serious event. We thought we had good things in place." The Administrator confirmed the facility failed to implement security changes in a timely manner to protect the Residents. Interview with the Maintenance Supervisor on August 20, 2012, at 1:05 p.m., revealed, "I	N1207			

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N1207	<p>Continued From page 42</p> <p>watched 24-hours worth of surveillance video data from the front lobby when I was here on Sunday (August 19, 2012)...it took approximately 10 minutes to view 24-hours, by fast-forwarding." Continued interview and observation in an outside maintenance room confirmed the surveyor requested to see the recorder and random surveillance footage. At approximately 1:27 p.m., the surveyor requested the Maintenance Supervisor to run surveillance footage at the fastest fast forward speed of x 16 (sixteen times faster than regular speed). The surveillance footage was stopped at 1:37 (10 minutes). Only one-hour of surveillance footage had lapsed in the 10 minute fast-forward period, and did not enable the viewer to clearly see the activity on the surveillance footage. The Maintenance supervisor confirmed 24-hours of surveillance footage was not reviewed on August 19, 2012, as stated in the interview.</p> <p>In summary, the facility became aware of an allegation of Resident #1 being raped, which was reported on June 16, 2012, to have occurred on June 15, 2012. The facility's investigation revealed only nursing employees were interviewed, to include only one male. Review of the facility's investigation revealed no documentation the one male interviewed, was investigated by the facility as a potential perpetrator. The facility failed to follow the facility's policy to take action to prevent potential abuse, and the facility failed to follow the facility's policy to identify any other residents who were potentially victims of abuse.</p> <p>C/O 30279</p>	N1207			